

TPU



01268.101736.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Tomasz Ponikiewski
JIAWEI HU, et al.)
: Group Art Unit: 2165
Application No.: 10/797,107)
:
Filed: March 11, 2004)
:
For: APPARATUS FOR AND)
METHOD OF SUMMARISING)
TEXT) March 7, 2007

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated December 7, 2006, please amend the
above-identified application, as follows:

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on:

March 7, 2007
03/12/2007 (Date of Deposit) 80000012 10737107

01 FC:1201

800.00 UP

John D. Magluyan, Reg. No. 56,867

(Name of Attorney for Applicants)

John D. Magluyan
Signature

March 7, 2007

Date of Signature

In re Application of:

JIAWEI HU, et al.

Application No.: 10/797,107

Filed: March 11, 2004

For: APPARATUS FOR AND METHOD OF SUMMARISING
TEXT

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450



Docket No.

01263.101736.

Examiner: Tomasz Ponikiewski

Group Art Unit: 2165

Date: March 7, 2007

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	69	MINUS	72	= 0	x \$25 \$50	\$.00
INDEP. CLAIMS	19	MINUS	15	= 4	x \$100 \$200	\$800.00
Fee for Multiple Dependent claims \$180°/\$360						\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$800.00

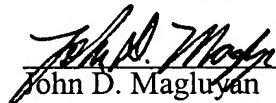
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 800.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



John D. Magluyan
Attorney for Applicants
Registration No.: 56,867

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